

2022-2023 "Club" Information & Agreement Form

Check one: AM ____ PM ____ BOTH ____

Name of Student _____ Grade: 2022-2023 _____

Address _____ City _____ Zip _____

Email Address _____ Gender _____ Date of Birth _____ Age _____

Mother/Guardian Name _____ Cell #: _____ Work # _____

Father/Guardian Name _____ Cell #: _____ Work # _____

List any custody restrictions _____

Is there an Order of Protection? ____ If yes, attach a copy.

The information below will be kept confidential. Only staff working with your child will have access to it. Documents are maintained in a locked storage area and are destroyed in accordance with the State of Illinois document retention schedules.

Has your child been exposed to a communicable disease? ____

Has your child been exposed to AIDS or Hepatitis Type B? ____

Are there any health issues we need to be aware of including COVID? **Y / N** Please attach explanation if Y.

List all known allergies, including insect stings, medications and food:

Does your child have any special needs? Y / N _____

Does your child have any special dietary needs? Y / N If yes please attach explanation.

Does your child currently taking medication? Y / N If yes please attach reason.

List up to 3 people who are authorized to pick up your child. Parents/Guardians are assumed authorized unless otherwise noted. **Code Word** _____

1. _____ Phone# _____

2. _____ Phone# _____

3. _____ Phone# _____

LIABILITY WAIVER By registering your minor child/ward for participation in the Village of Island Lake Before and After School program and signing below, you will waive and release all claims for injuries your child/ward may sustain arising out of the activities of this program. *This program is exempt from Illinois DCFS licensing and regulations. However, all employees, have had background checks through the State of Illinois and follow the DCFS guidelines.* No firearms are allowed in Village buildings or on Village grounds.

"I recognize and attest that there are certain risks of physical injury to participants in programs and agree to assume the full risk of any such injuries, damages or loss regardless of severity which my child/ward should sustain as a result of participating in any activities connected or associated with any such program. I agree to waive and relinquish all claims my child/ward may have as a result of participating in the program against the Village of Island Lake, and its officers, agents, servants, and employees. I do hereby fully release and discharge the Village of Island Lake and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the programs."

Parents/Legal Guardian Signature

Date

Dear Parents,

Please take a few minutes and go over these CLUB RULES. Club participants are expected to always exhibit appropriate behavior. As with any large group of children, rules must be enforced by the Village of Island Lake Club staff. We ask that you, as parents, go over this information with your child so they are aware of the consequences of unacceptable behavior. This is a list of some common unacceptable behaviors that will not be tolerated.

- ❖ Leaving a group without permission
- ❖ Abuse of School/Club equipment or environment
- ❖ Hitting, biting, or any method of physical harm
- ❖ Profanity/ Teasing/ Stealing
- ❖ Overly disruptive behavior/ Inappropriate playground behavior
- ❖ Bullying in any form

We have developed a very simple approach to behavior management and discipline. Staff will be firm and consistent and establish simple, understandable rules.

- ❖ We do not hurt ourselves, others or things around us
- ❖ We always go to a staff member if there is a problem

Children will be encouraged to resolve conflicts with staff or other children by talking and no physical methods. If a child has difficulty with his/her behavior on a recurring basis, parents will be asked to meet with the Club staff and or the Village Recreation Coordinator. If the child continues to act inappropriately, is disruptive, or dangerous, the child may be removed from the program. If we find a child has physically harmed another child. The Village of Island Lake reserves the right to immediately suspend or expel any child whose actions are seen as detrimental to the program. Each situation will be evaluated. Staff may develop additional rules as necessary.

I have read and understand the above rules for the "Before and After School Club" program.

Parents/Legal Guardian Signature

Date

Child's Name

Date

Homework Sign Up

My child _____ is to stay in after PM snack to do her/his homework. Please remember that we are only available to guide the students in their homework. We are not there to force them to do their homework. We will not go into a child's backpack to make sure they do or do not have homework. Since there are so many students with homework, we will not have time to sit individually with a student. Any student caught copying homework will be brought to their teacher for disciplinary action. Staff members will not be responsible for any homework that the child refuses to work on during homework time.

Signature of Parent or Guardian

Date

Field Trip Release

I hereby give my permission for my child/children

Child/Children Name/s

To attend scheduled Field Trips while attending the 2022-2023 Village of Island Lake, "Before and After School Club Program." I hereby waive and release the Village of Island Lake, its employees and agents from any and all claims of liabilities arising from or in any way related to my child/children attending said field trips.

Signature of Parent or Guardian

Date

Photo Release Permission

During the school year, there will be times when your child/children will be photographed. These photos may be used for decorating our bulletin board at Club or the Village Hall, publicity purposes, and or appear in local newspapers or our Recreation Guide. We are requesting your permission to use these photographs for any of the above situations.

Please check the appropriate line:

_____ I understand that my child/children may appear in photos for the above listed situations and give permission for this.

_____ I do not give permission for my child/children to be photographed.

Child/Children Name

Date

VILLAGE OF ISLAND LAKE PARKS & RECREATION
MEDICATION PERMISSION FORM

Name _____ DOB _____

Reason of Medication _____

How is the medication taken (Please circle all that apply):

Whole
With Water

Chewed
without Water

Mixed with Food
after Eating

Restrictions or important side effects (adverse reactions)

Any other instructions:

I give permission for my child to receive the above medication at any Village of Island Lake Parks and Recreation Department Program. **I understand it is my responsibility to give the medication directly to the program staff in the original dosage container clearly labeled with the following information:** PHARMACY'S NAME, DOCTOR'S NAME, PATIENT'S NAME, TYPE OF MEDICATION, STRENGTH, and DOSAGE INSTRUCTIONS.

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Village of Island Lake to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

In consideration of the Village of Island Lake administering medication to my minor child, I do hereby fully and forever release and discharge the Village of Island Lake and its officers, agents, servants and employees from any and all claims I may have as a result of the Village of Island Lake assisting in the administering of medication to my minor child.

Parent/Guardian Signature

Date

CHANGES REGARDING A CLUB MEMBER

Name _____ Grade _____

NEW AUTHORIZATION PICK-UP PERSON: _____

I understand that I will inform the above person to bring a photo ID and must know the CODE word with them at the time of pickup.

Change Effects: AM / PM / BOTH

New _____

Drop _____

Other changes to be made:

Today's Date: _____ Effective Date: _____

Requested By: _____ Info. Taken By: _____
Parent's Name Staff Member